

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2347**

Registration District No. **218**

Primary Registration District No. **3013**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Life.**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Elizabeth Simmons.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Simmons.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 16 1853**
(Month) (Day) (Year)

8. AGE: Years **88** Months **9** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Moniteau Co., Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At Home.**

12. Name **Frank Moore.**

13. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

14. Maiden name **Paulina Vivian.**

15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. E. Hall.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Providence Cem. near Harris**

18. (a) Signature of funeral director **Goodman & Ballas**
(b) Address **Boonville, Mo.**

19. (a) **1-23-41** (b) **St. Cooper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limits, write "RURAL")
(d) Street No. **826-E. Spring St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23**
year **1941** hour **10** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Feb. 15**, 19**40**, to **Jan. 21**, 19**41**;
that I last saw her alive on **Jan. 21**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-Sclerotic Heart Disease**

Due to _____

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Aubrey H. Wells** (M. D. or other) _____

Address **Boonville, Mo.** Date signed **Jan. 23, 1941**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-6-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. F. Boller

Licensed Embalmer No.....

3062

P. O. Address.....

Keosauqua, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.